

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600428A  
PAYMENT ISSUE DATE: 5/26/2017

**ALAMEDA COUNTY TREASURER**

1221 OAK STREET

OAKLAND CA

94612

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2017 TO: 5/15/2017

**Total amount collected:** \$16,663,505.76

**Gross monthly apportionment:** \$16,663,505.76

<b>Gross Claim</b>	\$	<b>48,828.07</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>48,828.07</b>
<b>YTD Amount:</b>	\$	<b>347,194.27</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600428A  
PAYMENT ISSUE DATE: 5/26/2017

ALPINE COUNTY TREASURER  
PO BOX 217

MARKLEEVILLE CA 96120

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2017 TO: 5/15/2017

**Total amount collected:** \$16,663,505.76  
**Gross monthly apportionment:** \$16,663,505.76

Gross Claim	\$	2,925.82
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,925.82
YTD Amount:	\$	20,511.35

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600428A  
PAYMENT ISSUE DATE: 5/26/2017

**AMADOR COUNTY TREASURER**  
810 COURT STREET

JACKSON CA 95642

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2017 TO: 5/15/2017

**Total amount collected: \$16,663,505.76**

**Gross monthly apportionment: \$16,663,505.76**

<b>Gross Claim</b>	<b>\$</b>	<b>0.00</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>0.00</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>4,479.87</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600428A

PAYMENT ISSUE DATE: 5/26/2017

**BUTTE COUNTY TREASURER**

25 COUNTY CENTER DR

OROVILLE CA

95965

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2017 TO: 5/15/2017

**Total amount collected:** \$16,663,505.76

**Gross monthly apportionment:** \$16,663,505.76

<b>Gross Claim</b>	<b>\$</b>	<b>0.00</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>0.00</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>0.00</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600428A

PAYMENT ISSUE DATE: 5/26/2017

**CALAVERAS COUNTY TREASURER**  
GOVERNMENT CENTER

SAN ANDREAS CA 95249

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

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Collection Period 4/16/2017 TO: 5/15/2017

**Total amount collected:** \$16,663,505.76

**Gross monthly apportionment:** \$16,663,505.76

<b>Gross Claim</b>	<b>\$</b>	<b>0.00</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>0.00</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>0.00</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600428A

PAYMENT ISSUE DATE: 5/26/2017

**COLUSA COUNTY TREASURER**

546 JAY ST

COLUSA CA

95932

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2017 TO: 5/15/2017

**Total amount collected:** \$16,663,505.76

**Gross monthly apportionment:** \$16,663,505.76

<b>Gross Claim</b>	<b>\$</b>	<b>0.00</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>0.00</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>0.00</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600428A

PAYMENT ISSUE DATE: 5/26/2017

**CONTRA COSTA COUNTY TREASURER**

625 COURT ST RM 102

MARTINEZ CA

94553

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

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Collection Period 4/16/2017 TO: 5/15/2017

**Total amount collected:** \$16,663,505.76

**Gross monthly apportionment:** \$16,663,505.76

<b>Gross Claim</b>	<b>\$</b>	<b>0.00</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>0.00</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>0.00</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600428A

PAYMENT ISSUE DATE: 5/26/2017

**DEL NORTE COUNTY TREASURER**

981 H ST STE 150

CRESCENT CITY CA 95531

**Allocation of Sales Tax-Local Realignment, Public Health**

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Fiscal Year: 2016-17

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Collection Period 4/16/2017 TO: 5/15/2017

**Total amount collected:** \$16,663,505.76

**Gross monthly apportionment:** \$16,663,505.76

<b>Gross Claim</b>	<b>\$</b>	<b>0.00</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>0.00</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>0.00</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600428A

PAYMENT ISSUE DATE: 5/26/2017

**EL DORADO COUNTY TREASURER**

360 FAIR LANE

PLACERVILLE CA

95667

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

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Collection Period 4/16/2017 TO: 5/15/2017

**Total amount collected:** \$16,663,505.76

**Gross monthly apportionment:** \$16,663,505.76

<b>Gross Claim</b>	<b>\$</b>	<b>0.00</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>0.00</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>0.00</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600428A

PAYMENT ISSUE DATE: 5/26/2017

**FRESNO COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA

95812

**Allocation of Sales Tax-Local Realignment, Public Health**

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Fiscal Year: 2016-17

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Collection Period 4/16/2017 TO: 5/15/2017

**Total amount collected:** \$16,663,505.76

**Gross monthly apportionment:** \$16,663,505.76

<b>Gross Claim</b>	\$	0.00
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	0.00
<b>YTD Amount:</b>	\$	152,923.63

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600428A

PAYMENT ISSUE DATE: 5/26/2017

**GLENN COUNTY TREASURER**  
516 WEST SYCAMORE STREET

WILLOWS CA 95988

**Allocation of Sales Tax-Local Realignment, Public Health**

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Fiscal Year: 2016-17

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Collection Period 4/16/2017 TO: 5/15/2017

**Total amount collected: \$16,663,505.76**

**Gross monthly apportionment: \$16,663,505.76**

<b>Gross Claim</b>	<b>\$</b>	<b>0.00</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>0.00</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>0.00</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600428A

PAYMENT ISSUE DATE: 5/26/2017

**HUMBOLDT COUNTY TREASURER**

825 FIFTH STREET ROOM 125

EUREKA CA

95501

**Allocation of Sales Tax-Local Realignment, Public Health**

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Fiscal Year: 2016-17

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Collection Period 4/16/2017 TO: 5/15/2017

**Total amount collected:** \$16,663,505.76

**Gross monthly apportionment:** \$16,663,505.76

<b>Gross Claim</b>	<b>\$</b>	<b>0.00</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>0.00</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>0.00</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600428A

PAYMENT ISSUE DATE: 5/26/2017

**IMPERIAL COUNTY TREASURER**

940 WEST MAIN STREET

EL CENTRO CA

92243 2863

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

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Collection Period 4/16/2017 TO: 5/15/2017

**Total amount collected:** \$16,663,505.76

**Gross monthly apportionment:** \$16,663,505.76

<b>Gross Claim</b>	<b>\$</b>	<b>0.00</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>0.00</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>0.00</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600428A

PAYMENT ISSUE DATE: 5/26/2017

INYO COUNTY TREASURER

P O BOX O

INDEPENDENCE CA

93526

**Allocation of Sales Tax-Local Realignment, Public Health**

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Fiscal Year: 2016-17

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Collection Period 4/16/2017 TO: 5/15/2017

**Total amount collected:** \$16,663,505.76

**Gross monthly apportionment:** \$16,663,505.76

<b>Gross Claim</b>	<b>\$</b>	<b>0.00</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>0.00</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>0.00</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600428A

PAYMENT ISSUE DATE: 5/26/2017

**KERN COUNTY TREASURER**

PO BOX 981240

SACRAMENTO CA

95798 1240

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2017 TO: 5/15/2017

**Total amount collected: \$16,663,505.76**

**Gross monthly apportionment: \$16,663,505.76**

<b>Gross Claim</b>	<b>\$</b>	<b>0.00</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>0.00</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>0.00</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600428A

PAYMENT ISSUE DATE: 5/26/2017

**KINGS COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA

95812 1406

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

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Collection Period 4/16/2017 TO: 5/15/2017

**Total amount collected:** \$16,663,505.76

**Gross monthly apportionment:** \$16,663,505.76

<b>Gross Claim</b>	<b>\$</b>	<b>0.00</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>0.00</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>0.00</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600428A

PAYMENT ISSUE DATE: 5/26/2017

**LAKE COUNTY TREASURER**

255 NORTH FORBES ST RM 215

LAKEPORT CA

95453

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2017 TO: 5/15/2017

**Total amount collected:** \$16,663,505.76

**Gross monthly apportionment:** \$16,663,505.76

<b>Gross Claim</b>	<b>\$</b>	<b>0.00</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>0.00</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>0.00</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600428A

PAYMENT ISSUE DATE: 5/26/2017

**LASSEN COUNTY TREASURER**  
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

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Collection Period 4/16/2017 TO: 5/15/2017

**Total amount collected: \$16,663,505.76**

**Gross monthly apportionment: \$16,663,505.76**

<b>Gross Claim</b>	<b>\$</b>	<b>0.00</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>0.00</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>0.00</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600428A

PAYMENT ISSUE DATE: 5/26/2017

**LOS ANGELES COUNTY TREASURER**

PO BOX 1859

SACRAMENTO CA

95812

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2017 TO: 5/15/2017

**Total amount collected: \$16,663,505.76**

**Gross monthly apportionment: \$16,663,505.76**

<b>Gross Claim</b>	<b>\$</b>	<b>11,663,462.28</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>11,663,462.28</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>88,369,640.67</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600428A

PAYMENT ISSUE DATE: 5/26/2017

**MADERA COUNTY TREASURER**

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA 95812 1859

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

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Collection Period 4/16/2017 TO: 5/15/2017

**Total amount collected: \$16,663,505.76**

**Gross monthly apportionment: \$16,663,505.76**

<b>Gross Claim</b>	<b>\$</b>	<b>0.00</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>0.00</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>0.00</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600428A

PAYMENT ISSUE DATE: 5/26/2017

**MARIN COUNTY TREASURER**

PO BOX 4220

CIVIC CENTER

SAN RAFAEL CA

94913

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2017 TO: 5/15/2017

**Total amount collected:** \$16,663,505.76

**Gross monthly apportionment:** \$16,663,505.76

<b>Gross Claim</b>	<b>\$</b>	<b>0.00</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>0.00</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>0.00</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600428A

PAYMENT ISSUE DATE: 5/26/2017

**MARIPOSA COUNTY TREASURER**

PO BOX 36

MARIPOSA CA

95338

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2017 TO: 5/15/2017

**Total amount collected: \$16,663,505.76**

**Gross monthly apportionment: \$16,663,505.76**

<b>Gross Claim</b>	<b>\$</b>	<b>0.00</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>0.00</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>0.00</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600428A

PAYMENT ISSUE DATE: 5/26/2017

**MENDOCINO COUNTY TREASURER**

501 LOW GAP RD 1060

UKIAH CA

95482

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2017 TO: 5/15/2017

**Total amount collected: \$16,663,505.76**

**Gross monthly apportionment: \$16,663,505.76**

<b>Gross Claim</b>	<b>\$</b>	<b>0.00</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>0.00</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>0.00</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600428A

PAYMENT ISSUE DATE: 5/26/2017

**MERCED COUNTY TREASURER**

C/O WELLS FARGO BANK

PO BOX 981311

WEST SACRAMENTO 95798-1311

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2017 TO: 5/15/2017

**Total amount collected:** \$16,663,505.76

**Gross monthly apportionment:** \$16,663,505.76

<b>Gross Claim</b>	<b>\$</b>	<b>32,786.81</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>32,786.81</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>145,812.80</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600428A

PAYMENT ISSUE DATE: 5/26/2017

**MODOC COUNTY TREASURER**

204 COURT ST RM 101

ALTURAS CA 96101

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2017 TO: 5/15/2017

**Total amount collected:** \$16,663,505.76

**Gross monthly apportionment:** \$16,663,505.76

<b>Gross Claim</b>	<b>\$</b>	<b>0.00</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>0.00</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>0.00</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600428A

PAYMENT ISSUE DATE: 5/26/2017

**MONO COUNTY TREASURER**

P O BOX 495

BRIDGEPORT CA

93517

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2017 TO: 5/15/2017

**Total amount collected:** \$16,663,505.76

**Gross monthly apportionment:** \$16,663,505.76

<b>Gross Claim</b>	<b>\$</b>	<b>10,709.09</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>10,709.09</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>45,739.17</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600428A

PAYMENT ISSUE DATE: 5/26/2017

**MONTEREY COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812 1406

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2017 TO: 5/15/2017

**Total amount collected: \$16,663,505.76**

**Gross monthly apportionment: \$16,663,505.76**

<b>Gross Claim</b>	<b>\$</b>	<b>315,522.57</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>315,522.57</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,406,609.10</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600428A

PAYMENT ISSUE DATE: 5/26/2017

**NAPA COUNTY TREASURER**

1195 THIRD STREET ROOM 108

NAPA CA

94559 3035

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2017 TO: 5/15/2017

**Total amount collected:** \$16,663,505.76

**Gross monthly apportionment:** \$16,663,505.76

<b>Gross Claim</b>	<b>\$</b>	<b>0.00</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>0.00</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>0.00</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600428A

PAYMENT ISSUE DATE: 5/26/2017

NEVADA COUNTY TREASURER

PO BOX 128

NEVADA CITY CA

95959

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2017 TO: 5/15/2017

**Total amount collected:** \$16,663,505.76

**Gross monthly apportionment:** \$16,663,505.76

<b>Gross Claim</b>	<b>\$</b>	<b>0.00</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>0.00</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>0.00</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600428A

PAYMENT ISSUE DATE: 5/26/2017

**ORANGE COUNTY TREASURER**

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2017 TO: 5/15/2017

**Total amount collected:** \$16,663,505.76

**Gross monthly apportionment:** \$16,663,505.76

<b>Gross Claim</b>	<b>\$</b>	<b>0.00</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>0.00</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>0.00</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600428A  
PAYMENT ISSUE DATE: 5/26/2017

**PLACER COUNTY TREASURER**  
2976 RICHARDSON DRIVE

AUBURN CA 95603

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2017 TO: 5/15/2017

**Total amount collected:** \$16,663,505.76

**Gross monthly apportionment:** \$16,663,505.76

<b>Gross Claim</b>	<b>\$</b>	<b>0.00</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>0.00</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>0.00</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600428A

PAYMENT ISSUE DATE: 5/26/2017

**PLUMAS COUNTY TREASURER**

PO BOX 176

QUINCY CA

95971

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2017 TO: 5/15/2017

**Total amount collected:** \$16,663,505.76

**Gross monthly apportionment:** \$16,663,505.76

<b>Gross Claim</b>	<b>\$</b>	<b>0.00</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>0.00</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>0.00</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600428A

PAYMENT ISSUE DATE: 5/26/2017

**RIVERSIDE COUNTY TREASURER**

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO CA 95812 4035

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2017 TO: 5/15/2017

**Total amount collected:** \$16,663,505.76

**Gross monthly apportionment:** \$16,663,505.76

<b>Gross Claim</b>	<b>\$</b>	<b>0.00</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>0.00</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>0.00</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600428A

PAYMENT ISSUE DATE: 5/26/2017

**SACRAMENTO COUNTY TREASURER**

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2017 TO: 5/15/2017

**Total amount collected: \$16,663,505.76**

**Gross monthly apportionment: \$16,663,505.76**

<b>Gross Claim</b>	<b>\$</b>	<b>0.00</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>0.00</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>0.00</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600428A

PAYMENT ISSUE DATE: 5/26/2017

**SAN BENITO COUNTY TREASURER**

COURTHOUSE

440 FIFTH ST RM 107

HOLLISTER CA

95023

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2017 TO: 5/15/2017

**Total amount collected:** \$16,663,505.76

**Gross monthly apportionment:** \$16,663,505.76

<b>Gross Claim</b>	<b>\$</b>	<b>0.00</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>0.00</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>0.00</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600428A

PAYMENT ISSUE DATE: 5/26/2017

**SAN BERNARDINO COUNTY TREASURER**

PO BOX 1859

SACRAMENTO CA

95812

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2017 TO: 5/15/2017

**Total amount collected: \$16,663,505.76**

**Gross monthly apportionment: \$16,663,505.76**

<b>Gross Claim</b>	<b>\$</b>	<b>0.00</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>0.00</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>95,505.77</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600428A

PAYMENT ISSUE DATE: 5/26/2017

**SAN DIEGO COUNTY TREASURER**

PO BOX 980304

WEST SACRAMENTO 95798 0304

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2017 TO: 5/15/2017

**Total amount collected:** \$16,663,505.76

**Gross monthly apportionment:** \$16,663,505.76

<b>Gross Claim</b>	<b>\$</b>	<b>0.00</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>0.00</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>0.00</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600428A

PAYMENT ISSUE DATE: 5/26/2017

**SAN FRANCISCO COUNTY TREASURER**

PO BOX 2920

SACRAMENTO

95814-2920

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2017 TO: 5/15/2017

**Total amount collected: \$16,663,505.76**

**Gross monthly apportionment: \$16,663,505.76**

<b>Gross Claim</b>	<b>\$</b>	<b>2,307,243.76</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>2,307,243.76</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>17,598,220.12</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600428A

PAYMENT ISSUE DATE: 5/26/2017

**SAN JOAQUIN COUNTY TREASURER**

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2017 TO: 5/15/2017

**Total amount collected:** \$16,663,505.76

**Gross monthly apportionment:** \$16,663,505.76

<b>Gross Claim</b>	<b>\$</b>	<b>585,497.77</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>585,497.77</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>4,465,813.44</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600428A

PAYMENT ISSUE DATE: 5/26/2017

**SAN LUIS OBISPO COUNTY TREASURER**

PO BOX 1149

SAN LUIS OBISPO CA

93406

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2017 TO: 5/15/2017

**Total amount collected:** \$16,663,505.76

**Gross monthly apportionment:** \$16,663,505.76

<b>Gross Claim</b>	<b>\$</b>	<b>0.00</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>0.00</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>0.00</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600428A

PAYMENT ISSUE DATE: 5/26/2017

**SAN MATEO COUNTY TREASURER**

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

SACRAMENTO CA

95812

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2017 TO: 5/15/2017

**Total amount collected:** \$16,663,505.76

**Gross monthly apportionment:** \$16,663,505.76

<b>Gross Claim</b>	<b>\$</b>	<b>0.00</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>0.00</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>0.00</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600428A

PAYMENT ISSUE DATE: 5/26/2017

**SANTA BARBARA COUNTY TREASURER**

PO BOX 579

SANTA BARBARA CA

93102

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2017 TO: 5/15/2017

**Total amount collected:** \$16,663,505.76

**Gross monthly apportionment:** \$16,663,505.76

<b>Gross Claim</b>	<b>\$</b>	<b>0.00</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>0.00</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>0.00</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600428A

PAYMENT ISSUE DATE: 5/26/2017

**SANTA CLARA COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA

95812

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2017 TO: 5/15/2017

**Total amount collected:** \$16,663,505.76

**Gross monthly apportionment:** \$16,663,505.76

<b>Gross Claim</b>	<b>\$</b>	<b>1,316,527.86</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,316,527.86</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>10,041,652.60</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600428A

PAYMENT ISSUE DATE: 5/26/2017

**SANTA CRUZ COUNTY TREASURER**

PO BOX 1817

SANTA CRUZ CA

95061

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2017 TO: 5/15/2017

**Total amount collected:** \$16,663,505.76

**Gross monthly apportionment:** \$16,663,505.76

<b>Gross Claim</b>	<b>\$</b>	<b>0.00</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>0.00</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>0.00</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600428A

PAYMENT ISSUE DATE: 5/26/2017

**SHASTA COUNTY TREASURER**

PO BOX 1859

SACRAMENTO CA

95812 1859

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2017 TO: 5/15/2017

**Total amount collected:** \$16,663,505.76

**Gross monthly apportionment:** \$16,663,505.76

<b>Gross Claim</b>	<b>\$</b>	<b>0.00</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>0.00</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>0.00</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600428A

PAYMENT ISSUE DATE: 5/26/2017

**SIERRA COUNTY TREASURER**

PO BOX 376

DOWNIEVILLE CA

95936 0376

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2017 TO: 5/15/2017

**Total amount collected:** \$16,663,505.76

**Gross monthly apportionment:** \$16,663,505.76

<b>Gross Claim</b>	<b>\$</b>	<b>0.00</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>0.00</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>0.00</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600428A

PAYMENT ISSUE DATE: 5/26/2017

**SISKIYOU COUNTY TREASURER**

311 FOURTH ST RM 104

YREKA CA

96097

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2017 TO: 5/15/2017

**Total amount collected:** \$16,663,505.76

**Gross monthly apportionment:** \$16,663,505.76

<b>Gross Claim</b>	<b>\$</b>	<b>0.00</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>0.00</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>0.00</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600428A

PAYMENT ISSUE DATE: 5/26/2017

**SOLANO COUNTY TREASURER TAX COLLECTOR**

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2017 TO: 5/15/2017

**Total amount collected:** \$16,663,505.76

**Gross monthly apportionment:** \$16,663,505.76

<b>Gross Claim</b>	<b>\$</b>	<b>0.00</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>0.00</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>0.00</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600428A

PAYMENT ISSUE DATE: 5/26/2017

**SONOMA COUNTY TREASURER**

PO BOX 1204

SACRAMENTO CA 95812 1204

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2017 TO: 5/15/2017

**Total amount collected:** \$16,663,505.76

**Gross monthly apportionment:** \$16,663,505.76

<b>Gross Claim</b>	<b>\$</b>	<b>0.00</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>0.00</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>0.00</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600428A  
PAYMENT ISSUE DATE: 5/26/2017

**STANISLAUS COUNTY TREASURER**

PO BOX 3052

MODESTO CA

95353 3052

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2017 TO: 5/15/2017

**Total amount collected:** \$16,663,505.76

**Gross monthly apportionment:** \$16,663,505.76

<b>Gross Claim</b>	<b>\$</b>	<b>0.00</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>0.00</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>0.00</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600428A

PAYMENT ISSUE DATE: 5/26/2017

**SUTTER COUNTY TREASURER**

PO BOX 546

YUBA CITY CA

95992

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2017 TO: 5/15/2017

**Total amount collected:** \$16,663,505.76

**Gross monthly apportionment:** \$16,663,505.76

<b>Gross Claim</b>	<b>\$</b>	<b>0.00</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>0.00</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>0.00</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600428A

PAYMENT ISSUE DATE: 5/26/2017

**TEHAMA COUNTY TREASURER**

PO BOX 1150

RED BLUFF CA

96080

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2017 TO: 5/15/2017

**Total amount collected: \$16,663,505.76**

**Gross monthly apportionment: \$16,663,505.76**

<b>Gross Claim</b>	<b>\$</b>	<b>0.00</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>0.00</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>0.00</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600428A

PAYMENT ISSUE DATE: 5/26/2017

TRINITY COUNTY TREASURER

PO BOX 1297

WEAVERVILLE CA

96093 1297

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2017 TO: 5/15/2017

**Total amount collected:** \$16,663,505.76

**Gross monthly apportionment:** \$16,663,505.76

<b>Gross Claim</b>	<b>\$</b>	<b>0.00</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>0.00</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>0.00</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600428A

PAYMENT ISSUE DATE: 5/26/2017

**TULARE COUNTY TREASURER**

COUNTY CIVIC CENTER RM 103E

221 SOUTH MOONEY BL

VISALIA CA

93291

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2017 TO: 5/15/2017

**Total amount collected:** \$16,663,505.76

**Gross monthly apportionment:** \$16,663,505.76

<b>Gross Claim</b>	<b>\$</b>	<b>0.00</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>0.00</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>0.00</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600428A

PAYMENT ISSUE DATE: 5/26/2017

**TUOLUMNE COUNTY TREASURER**

2 SOUTH GREEN ST

SONORA CA

95370

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2017 TO: 5/15/2017

**Total amount collected:** \$16,663,505.76

**Gross monthly apportionment:** \$16,663,505.76

<b>Gross Claim</b>	<b>\$</b>	<b>0.00</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>0.00</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>0.00</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600428A

PAYMENT ISSUE DATE: 5/26/2017

**VENTURA COUNTY TREASURER**

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO CA 95798 0307

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2017 TO: 5/15/2017

**Total amount collected:** \$16,663,505.76

**Gross monthly apportionment:** \$16,663,505.76

<b>Gross Claim</b>	<b>\$</b>	<b>0.00</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>0.00</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>0.00</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600428A

PAYMENT ISSUE DATE: 5/26/2017

**YOLO COUNTY TREASURER**

PO BOX 1995

WOODLAND CA

95695

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2017 TO: 5/15/2017

**Total amount collected:** \$16,663,505.76

**Gross monthly apportionment:** \$16,663,505.76

<b>Gross Claim</b>	<b>\$</b>	<b>0.00</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>0.00</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>0.00</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600428A

PAYMENT ISSUE DATE: 5/26/2017

**YUBA COUNTY TREASURER**

915 8TH ST STE 103

MARYSVILLE CA

95901 5273

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2017 TO: 5/15/2017

**Total amount collected:** \$16,663,505.76

**Gross monthly apportionment:** \$16,663,505.76

<b>Gross Claim</b>	<b>\$</b>	<b>0.00</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>0.00</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>0.00</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600428A

PAYMENT ISSUE DATE: 5/26/2017

**BERKELEY CITY TREASURER**

2081 CENTER STREET

BERKELEY CA

94704

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2017 TO: 5/15/2017

**Total amount collected:** \$16,663,505.76

**Gross monthly apportionment:** \$16,663,505.76

<b>Gross Claim</b>	<b>\$</b>	<b>54,488.82</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>54,488.82</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>415,606.08</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600428A

PAYMENT ISSUE DATE: 5/26/2017

**LONG BEACH CITY TREASURER**

333 W OCEAN BL

LONG BEACH CA

90802

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2017 TO: 5/15/2017

**Total amount collected:** \$16,663,505.76

**Gross monthly apportionment:** \$16,663,505.76

<b>Gross Claim</b>	<b>\$</b>	<b>244,723.74</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>244,723.74</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,866,600.84</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600428A

PAYMENT ISSUE DATE: 5/26/2017

**PASADENA CITY TREASURER**

PO BOX 7115

PASADENA CA

91109 7215

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2017 TO: 5/15/2017

**Total amount collected:** \$16,663,505.76

**Gross monthly apportionment:** \$16,663,505.76

<b>Gross Claim</b>	<b>\$</b>	<b>80,789.17</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>80,789.17</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>616,211.10</b>